

REGISTRATION FORM

**Seminar for CPAs on the 2000 *Audit Guide*
September 21, 2000
Sacramento, California**

One registration form per person. Please copy this form as needed for additional registrants.

Please print:

Name

Organization

Street Address

City, State, Zip

Telephone

FAX

Email

→ **Please register by:** ←
September 8, 2000

Seminar Registration Fee:

\$50

Payment Method:

CHECKS, VISA, MASTERCARD PAYMENT ONLY.

Do not send cash. Payment must accompany form.

Register early! Space is limited!

Please print:

Check # _____ Amount _____

Visa/MasterCard No.: _____

Expiration Date (mo/yr): _____

Name on Card: _____

Authorized Signature: _____

**Make checks payable to: California Department of Education – ATA 865
(No purchase orders will be accepted)**

SEND PAYMENT WITH THIS FORM TO:

California Department of Education
Cashier's Office
Seminar for CPAs on the 2000 *Audit Guide* – ATA 865
P.O. Box 1925
Sacramento, CA 95809-1925

**Confirmation notice will be sent to you.
Questions? Call Chris Crawford (916) 323-4005**